

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

7/5/5

SERIAL NO. 10/808432

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1		1				
2		1		1			
3		1		1			
4		3		3			
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50							
TOTAL IND.	5		5				
TOTAL DEP.		5		5			
TOTAL CLAIMS	6		6				

	IND	DEP	IND	DEP	IND	DEP
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